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FROM Thomas M. Isaacson

DATE 2004-11-22 22:11:59 GMT

RE Application No.: 09/972,929

COVER MESSAGE

Art Unit: 2655

Attorney Docket: 2000-0499

Dear Sirs:

Please find attached a response in the above-referenced application.

Respectfully submitted,

The Law Office of Thomas M. Isaacson
(410) 414-3056

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PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031
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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

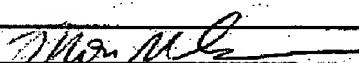
Application Number	08/972,929
Filing Date	October 10, 2001
First Named Inventor	Richard C. Rose
Art Unit	2655
Examiner Name	Dmitry Brant
Attorney Docket Number	2000-0499

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney: Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD: Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Credit Card Payment Form
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name: Thomas M. Isaacson, Reg. No. 44166

Signature: 

Date: November 22, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name: Thomas M. Isaacson

Signature:  Date: November 22, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-04v2)

Approved for use through 07/31/2006. OMB:G651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number: 502960
Deposit Account Name: Law Office of TM Isaacson

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee
 to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 790	2001 395	Utility filing fee			
1002 350	2002 175	Design filing fee			
1003 550	2003 275	Plant filing fee			
1004 790	2004 395	Reissue filing fee			
1005 160	2005 80	Provisional filing fee			

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims:	Extra Claims	Fee from below	Fee Paid
Independent	-20** =	X	
Claims	-3** =	X	
Multiple Dependent			

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 18	2202 9	Claims in excess of 20
1201 89	2201 44	Independent claims in excess of 3
1203 300	2203 160	Multiple dependent claim, if not paid
1204 88	2204 44	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above.

Complete if Known	
Application Number	09/972,929
Filing Date	October 10, 2001
First Named Inventor	Richard C. Rose
Examiner Name	Dmitry Brant
Art Unit	2655
Attorney Docket No.	2000-0499

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1051 130	2051 2051	65 Surcharge - late filing fee or oath	
1052 50	2052 2052	25 Surcharge - late provisional filing fee or cover sheet	
1053 130	2053 130	130 Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 2251	55 Extension for reply within first month	110.00
1252 430	2252 215	Extension for reply within second month	
1253 980	2253 490	Extension for reply within third month	
1254 1,530	2254 765	Extension for reply within fourth month	
1255 2,080	2255 1,040	Extension for reply within fifth month	
1401 340	2401 2401	170 Notice of Appeal	
1402 340	2402 2402	170 Filing a brief in support of an appeal	
1403 300	2403 2403	150 Request for oral hearing	
1451 1,510	1451 1,510	1,510 Petition to institute a public use proceeding	
1452 110	2452 2452	55 Petition to revive - unavoidable	
1453 1,370	2453 2453	685 Petition to revive - unintentional	
1501 1,370	2501 2501	685 Utility issue fee (or reissue)	
1502 490	2502 245	245 Design issue fee	
1503 860	2503 330	330 Plant issue fee	
1460 130	1460 130	130 Petitions to the Commissioner	
1807 50	1807 1807	50 Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	180 Submission of Information Disclosure Stmt	
8021 40	8021 40	40 Recording each patent assignment per property (list number of properties)	
1809 790	2809 2809	395 Filing a submission after final rejection (37 CFR 1.129(a))	
1810 790	2810 2810	395 For each additional invention to be examined (37 CFR 1.129(b))	
1801 790	2801 2801	395 Request for Continued Examination (RCE)	
1802 900	1802 900	900 Request for expedited examination of a design application	
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)	110.00

SUBMITTED BY (Complete if applicable)

Name (Print/Type):	Thomas M. Isaacson	Registration No. /Attorney/Agent:	44166	Telephone:	410-414-3058
Signature:		Date:	November 22, 2004		

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